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CENTRAL FAX CENTERTo: **United States Patent and Trademark Office**Attorney Docket No.: **24120-009**In re application of: **ALLEN**Serial No.: **10/004,559**Group Art Unit: **2681**Filed: **December 5, 2001**

Examiner: To be assigned

Entitled: **Electronic Information Delivery System and Process Including Supplying of Information About Locations Visited by Users of Portable Identification Cards And the Delivery of Card User Identification Information to the Visited Locations**

Paper(s) Being Transmitted:

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENTDate: **January 26, 2004**Number of Pages Being transmitted (including cover page): **2****PLEASE DELIVER TO
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24120/009/620549.1

PTO/SB/63 (03-02)

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	10/004,559
Filing Date	December 5, 2001
First Named Inventor	ALLEN
Group Art Unit	2681
Examiner Name	To be assigned
Attorney Docket Number	24120-009

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Applicant has an unpaid balance with attorney of record over six months old. This request is made on behalf of myself and all the attorneys/agents of record. A copy of this request is being provided (via 1st class mail & certified mail) to the last known address of the applicant.

It is noted that as of January 26, 2004, no office action has issued. It is therefore submitted that the client/applicant would not be prejudiced by the granting of this petition.

1. The correspondence address is NOT affected by this withdrawal.
2. Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

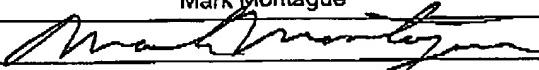
Customer Number → Place Customer Number
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Gregory Allen				
Address	President/CEO				
Address	2565 Broadway				
City	New York	State	NY	ZIP	10025
Country	USA				
Telephone	1-877-897-9880	Fax			

This request is made on behalf of myself and
 all the attorneys/agents of record,
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number _____

This request is enclosed in triplicate (including any attachments).

Name	Mark Montague
Signature	
Date	January 26, 2004

**NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.**

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